



**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**  
**Division of Child Support Enforcement**  
**ABSENT PARENT (AP) INFORMATION UPDATE**

YOUR NAME: \_\_\_\_\_

ATLAS CASE NUMBER: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

**PRINT LEGIBLY - PRESS FIRMLY - USE BLACK INK - COMPLETE ALL ITEMS**1. WHAT IS THE ABSENT PARENT'S NAME? *(Last name, first, middle initial)* \_\_\_\_\_

2. WHAT OTHER NAME(S) DOES THE ABSENT PARENT USE SUCH AS AN ALIAS OR NICKNAME, ETC.? \_\_\_\_\_

3. WHAT IS THE ABSENT PARENT'S BIRTH DATE? *(mm/dd/yy)* \_\_\_\_\_4. WHAT IS THE ABSENT PARENT'S APPROXIMATE AGE? *(If you do not know his/her DOB)* \_\_\_\_\_5. WHAT IS THE ABSENT PARENT'S BIRTHPLACE? *(City, State or Country)* \_\_\_\_\_

6. WHAT IS THE ABSENT PARENT'S SOCIAL SECURITY NUMBER? \_\_\_\_\_

7. DESCRIBE THE AP.	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	SEX:	RACE:
FT.      '    IN.    ''		LBS.				

8. DOES THE ABSENT PARENT WEAR EYEGLASSES? YES ☐ NO ☐9. DOES THE ABSENT PARENT HAVE ANY IDENTIFYING PHYSICAL MARKS *(Tattoos or Scars)*? \_\_\_\_\_10. IS THE AP DISABLED? YES ☐ NO ☐ TYPE OF DISABILITY: \_\_\_\_\_

11. WHEN AND WHERE DID YOU MEET THE ABSENT PARENT? \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

NAME OF PLACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

12. HAVE YOU EVER LIVED WITH THE AP? YES ☐ NO ☐

13. WHEN DID THE AP LEAVE? \_\_\_\_\_

14. WHY DID THE AP LEAVE? \_\_\_\_\_

15. WHAT IS THE ABSENT PARENT'S RESIDENTIAL ADDRESS? *(No., Street, City, State, and Zip Code)* \_\_\_\_\_

16. HOW LONG HAS THE ABSENT PARENT RESIDED AT ABOVE ADDRESS? YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

17. ARE THERE ANY OTHER PERSON(S) RESIDING IN SAME HOUSEHOLD: YES ☐ NO ☐ *(If yes, list below name & relation)*

1. \_\_\_\_\_ 2. \_\_\_\_\_

18. WHAT IS THE MAILING ADDRESS FOR THE ABSENT PARENT? *(If different than residential address)* \_\_\_\_\_19. IF CURRENT ADDRESS IS UNKNOWN, WHAT IS THE LAST KNOWN **RESIDENTIAL** ADDRESS FOR THE ABSENT PARENT? *(No., Street, City, State, Zip)* \_\_\_\_\_20. IF CURRENT ADDRESS IS UNKNOWN, WHAT IS THE LAST KNOWN **MAILING** ADDRESS FOR THE ABSENT PARENT? *(No., Street, City, State, Zip)* \_\_\_\_\_

21. WHAT IS THE ABSENT PARENT'S HOME PHONE NUMBER? 22. CELL PHONE NUMBER? 23. SELF EMPLOYED, BUSINESS OR WORK PHONE NUMBER? \_\_\_\_\_

24. WHEN WAS THE AP WAS LAST SEEN? BY WHOM? \_\_\_\_\_

25. WHAT IS THE AP'S OCCUPATION? \_\_\_\_\_ 26. WHAT SOURCES OF INCOME DOES THE AP HAVE? (Mark the appropriate box)

<input type="checkbox"/> UNEMPLOYMENT BENEFITS	\$ _____ PER MONTH	<input type="checkbox"/> SOCIAL SECURITY BENEFITS	\$ _____ PER MONTH
<input type="checkbox"/> VETERANS BENEFITS	\$ _____ PER MONTH	<input type="checkbox"/> INDUSTRIAL COM (Workman's Comp)	\$ _____ PER MONTH
<input type="checkbox"/> GENERAL ASSISTANCE	\$ _____ PER MONTH	<input type="checkbox"/> FOOD STAMPS	\$ _____ PER MONTH
<input type="checkbox"/> EMPLOYMENT (List employment information in number 23- 33 below) WHAT IS THE AP PUBLIC ASSISTANCE CASE NUMBER? _____			

27. WHO IS THE AP'S CURRENT EMPLOYER:

28. AP'S CURRENT EMPLOYER'S ADDRESS: \_\_\_\_\_ 29. AP'S CURRENT EMPLOYER'S PHONE NUMBER: \_\_\_\_\_

30. SALARY: \_\_\_\_\_ 31. EMPLOYED SINCE: \_\_\_\_\_

\$ \_\_\_\_\_ PER ☐ HOUR ☐ WEEK ☐ MONTH ☐ YEAR

32. LAST KNOWN EMPLOYER: \_\_\_\_\_ 33. EMPLOYER PHONE NO.: \_\_\_\_\_

34. AP LAST KNOWN EMPLOYER'S ADDRESS: \_\_\_\_\_

35. SALARY: \_\_\_\_\_ 36. LAST KNOWN DATES OF EMPLOYMENT: \_\_\_\_\_

\$ \_\_\_\_\_ PER ☐ HOUR ☐ WEEK ☐ MONTH ☐ YEAR FROM: \_\_\_\_\_ TO: \_\_\_\_\_

37. DOES THE AP RESIDE OR IS THE AP EMPLOYED ON A RESERVATION? IF SO, NAME AND ADDRESS OF THE RESERVATION:

YES ☐ NO ☐

38. LIST ANY TYPE OF LICENSES HELD BY THE AP (Example: Contractors, Barbers, Real Estate, Sales Tax, Fishing etc.):

TYPE:	NUMBER:	ISSUED:	EXPIRES:	ACTIVE	REVOKED
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

39. INDICATE ANY CHECKING, SAVINGS, OR LOAN ACCOUNTS THE AP HAS:

NAME OF BANK:	CITY AND STATE:	ACCOUNT NO.:

40. DOES THE AP HAVE ANY CREDIT CARDS? YES ☐ NO ☐ PLEASE LIST TYPE AND ACCOUNT NUMBER IF KNOWN.

<input type="checkbox"/> VISA ACCOUNT NO.:	<input type="checkbox"/> MASTER CARD ACCOUNT NO.:
<input type="checkbox"/> DISCOVER CARD ACCOUNT NO.:	<input type="checkbox"/> AMERICAN EXPRESS ACCOUNT NO.:
<input type="checkbox"/> OTHER CREDIT CARD (specify):	ACCOUNT NUMBER:
<input type="checkbox"/> OTHER CREDIT CARD (specify):	ACCOUNT NUMBER:

41. DOES THE AP OWN ANY PROPERTY (Real Estate)? YES ☐ NO ☐ IF SO, WHERE?

ADDRESS:	CITY:	STATE:

42. LIST ALL VEHICLES OWNED BY THE AP (Cars, trucks, motorcycles, motor homes, boats, airplanes, etc.).

VEHICLE 1	VEHICLE 2
MAKE:	MAKE:
MODEL:	MODEL:
YEAR:	YEAR:
COLOR:	COLOR:
LICENSE PLATE:	LICENSE PLATE:
STATE:	STATE:
DRIVER'S LICENSE NUMBER:	STATE: DATE ISSUED:

## 43. WHERE AND WHEN DID THE AP FILE HIS/HER INCOME TAX RETURNS?

YEAR:	STATE:	NAME OF ACCOUNTANT OR FIRM:

44. NAMES OF SCHOOLS ATTENDED BY THE AP (*Trade school, high school, colleges, universities, or technical schools etc.*)

NAME:	YEAR:	ADDRESS:	PHONE:

## 45. THE NAMES OF ALL UNIONS AND/OR FRATERNAL ORGANIZATIONS TO WHICH THE AP BELONG:

NAME:	ADDRESS:	PHONE:	YEAR:

46. DID THE AP SERVE IN THE ARMED FORCES? YES ☐ NO ☐

IF YES, FROM:

TO:

WHAT BRANCH?		RANK:	
CURRENT STATUS: ( <i>Mark the appropriate box</i> )			
ACTIVE	Y <input type="checkbox"/> N <input type="checkbox"/>	RETIRED	Y <input type="checkbox"/> N <input type="checkbox"/>
GENERAL	Y <input type="checkbox"/> N <input type="checkbox"/>	HONORABLE	Y <input type="checkbox"/> N <input type="checkbox"/>
DISABLED	Y <input type="checkbox"/> N <input type="checkbox"/>	RECEIVES DISABILITY PENSION	Y <input type="checkbox"/> N <input type="checkbox"/>
		BAD CONDUCT	Y <input type="checkbox"/> N <input type="checkbox"/>

47. HAS THE ABSENT PARENT EVER BEEN ARRESTED AND/OR INCARCERATED? YES ☐ NO ☐

DATE(S) FROM:	TO:	REASON:	NAME OF JAIL/PRISON:	COUNTY/STATE:

48. NAME OF SOMEONE WHO KNOWS THE WHEREABOUTS OF THE ABSENT PARENT? AF'S FRIENDS (F) NEIGHBORS (N) OR RELATIVES (R) (*Check one*)

NAME:		ADDRESS AND PHONE NO.:
1.	F <input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/>	
2.	F <input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/>	
3.	F <input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/>	
4.	F <input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/>	

49. WHAT IS THE NAME OF THE AP MOTHER'S NAME? (*Last/Maiden, First, Middle I.*)50. WHAT IS THE AP MOTHER'S ADDRESS? (*No., Street, City, State and Zip Code*)

## 51. WHAT IS THE AP MOTHER'S HOME PHONE NUMBER?

52. WHAT IS THE AP FATHER'S NAME? (*Last, First, Middle I.*)53. WHAT IS THE AP FATHER'S ADDRESS? (*Street, City, State and Zip Code*)

## 54. WHAT IS THE AP FATHER'S HOME PHONE NUMBER?

55. DOES THE AP HAVE A CURRENT GIRL/BOYFRIEND? YES ☐ NO ☐56. WHAT IS THE AP'S CURRENT GIRL/BOYFRIEND'S NAME? (*Last Name, First, Middle Initial*)57. WHAT IS THE AP'S CURRENT GIRL/BOYFRIEND'S PHONE NUMBER AND ADDRESS (*No., Street, City, State, Zip Code*)

58. IS THE ABSENT PARENT CURRENTLY MARRIED? YES ☐ NO ☐ IF YES, TO WHOM? (Last Name, First, Middle Initial)

59. WHAT IS THE AP'S CURRENT WIFE/HUSBAND'S PHONE NUMBER AND ADDRESS (No., Street, City State, Zip Code)?

60. WHEN WILL THE AP RETURN OR BEST TIME TO CONTACT HIM/HER AT HOME PHONE?

61. HAS THE AP MADE ANY SUPPORT PAYMENTS TO YOU? YES ☐ NO ☐

COUNTY AND STATE:	AMOUNT:	HOW OFTEN:	DATE OF LAST PAYMENT:
<input type="checkbox"/> VIA COURT	\$		
<input type="checkbox"/> DIRECT TO YOU	\$		
<input type="checkbox"/> OTHER (SPECIFY)	\$		

62. HOW WOULD YOU TRY TO FIND THE AP IF THE CHILD(REN) WERE SERIOUSLY ILL AND WANTED TO SEE HIM/HER?

63. OTHER INFORMATION YOU WOULD LIKE TO PROVIDE ABOUT THE ABSENT PARENT:

INTERVIEWER NAME: (Last Name, First, Middle I.)	SITE CODE:	ATLAS CASE NO.:	DATE:
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